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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

DAVID I GRAZETTE

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

NEW YORK

AMENDED  
COMPLAINT

under the Civil Rights Act,  
42 U.S.C. § 1983

Jury Trial: ☒ Yes ☐ No  
(check one)

20 Civ. 0965 (US)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name DAVID I GRAZETTE  
ID# \_\_\_\_\_  
Current Institution \_\_\_\_\_  
Address 1369 Broadway #210931 BROOKLYN,  
NEW YORK 1122

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name ROBERT MULLER Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address 30 ROCKEFELLER PLAZA  
NEW YORK, NEW YORK 10112

Defendant No. 2

Name SHAKON HIRD Shield # \_\_\_\_\_  
 Where Currently Employed NEW YORK PRESBYTERIAN WEILL CORNELL MEDICAL  
 Address 449 E 68TH ST NY NY 10065

Defendant No. 3

Name SMITA AGARKAR Shield # \_\_\_\_\_  
 Where Currently Employed GRACIE SQUARE HOSPITAL, NEW YORK PRESBYTERIAN  
 Address 420 E 76TH ST NY NY 10021

Who did  
what?

Defendant No. 4

Name MATTHEW LEVIN Shield # \_\_\_\_\_  
 Where Currently Employed GRACIE SQUARE HOSPITAL  
 Address 420 E 76TH ST NY NY 10021

Defendant No. 5

Name Robert Telen Shield # 24834  
 Where Currently Employed NYC Harbor Unit  
 Address Brooklyn Army Pier Dr., 140 58th Street, Brooklyn, New York 11220

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

NEW YORK PRESBYTERIAN REGIONAL HOSPITAL NETWORK, 30 ROCKEFELLER PLAZA

B. Where in the institution did the events giving rise to your claim(s) occur?

GRACIE SQUARE HOSPITAL, CORNELL HOSPITAL

C. What date and approximate time did the events giving rise to your claim(s) occur?

WEDNESDAY, SEPTEMBER 25TH 2PM EST

What  
happened  
to you?

D. Facts:

DEFENDANT NO. NAME Stephen Shann shield No. 19546  
 WHERE CURRENTLY EMPLOYED NYPD Transit Bureau District 32  
 ADDRESS 966 Carroll Street, Brooklyn, New York 11225

DEFENDANT NO. NAME Fredrick Alvarez shield No. 3695  
 WHERE CURRENTLY EMPLOYED NYPD Military & Emergency Services  
 ADDRESS 100 Rte 9W, New York, NY 10038 Leave Desk "MEU"

DEFENDANT NO. NAME Ysmael Ricardo shield No. \_\_\_\_\_  
 WHERE CURRENTLY EMPLOYED \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

DEFENDANT NO. NAME TARA MULLEN  
 WHERE CURRENTLY EMPLOYED CORNELL HOSPITAL  
 ADDRESS 449 E 68TH ST NY NY 10065

DEFENDANT NO. NAME EMILEE ANNE NAWA  
 WHERE CURRENTLY EMPLOYED CORNELL HOSPITAL  
 ADDRESS 449 E 68TH ST NY NY 10065

DEFENDANT NO. NAME ANNA CHIN  
 WHERE CURRENTLY EMPLOYED CORNELL HOSPITAL  
 ADDRESS 449 E 68TH ST NY NY 10065

DEFENDANT NO. NAME ANTHONY  
WHERE CURRENTLY EMPLOYED GRACE SQUARE  
ADDRESS 420 E 76TH ST NY NY 10021

DEFENDANT NO. NAME EMILY MENAND  
WHERE CURRENTLY EMPLOYED CORNELL HOSPITAL  
ADDRESS 449 E 68TH ST NY NY 10065

DEFENDANT NO. NAME CITY OF NEW YORK  
WHERE CURRENTLY EMPLOYED  
ADDRESS ONE CENTER STREET, NY, NY 10007

DEFENDANT NO. NAME STATE OF NEW YORK  
WHERE CURRENTLY EMPLOYED  
ADDRESS THE GOV. NELSON ROCKEFELLER EMPIRE  
STATE PLAZA, BOX 7344  
CAPITOL STATION, ALBANY, NY 12224

DEFENDANT NO. NAME NEW YORK CITY LANDMARKS PRESERVATION COMMISSION  
WHERE CURRENTLY EMPLOYED  
ADDRESS 1 CENTRE ST NEW YORK, NY 10007

DEFENDANT NO. NAME NEW YORK-PRESBYTERIAN HEALTHCARE  
WHERE CURRENTLY EMPLOYED SYSTEM  
ADDRESS 525 EAST 68th STREET NEW YORK, NY  
10065

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

### III. Injuries.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received:

I WAS DIAGNOSED WITH A HEART CONDITION IN JUNE 2019 of which I HAD NO SYMPTOMS. I WAS TOLD TO CONTINUE PRACTICING REGULAR PHYSICAL ACTIVITY, BY MY DOCTOR, IN ORDER TO MAINTAIN HEALTH AND TAKE CARE OF THE ISSUE. IN NOVEMBER MY INCARCERATION ACCELERATED MY SYMPTOMS AND FORCED ME TO HAVE SURGERY IN OCTOBER.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

D. Facts: I, DAVID GRAZETTE, entered, 30 Rockefeller Plaza, on September 25<sup>th</sup>, 2019. The elevators had signage saying, "tenants only". I found a set of stairs in the southern part of the building.

I entered the stairs. An alarm sound went off as I took the stairs. I exited the stairs. I was met by a gang of men made up of two uniform NYPD police officers, and two men in suits.

Immediately, I was badgered about my intentions. The leader declared himself a gentleman, and, asked for my identification. I provided him my identification. I requested his in exchange. He presented a badge that read, ROBERT MULLER. I recognized the ruse and stopped answering questions. I began asking questions. I was soon blind sighted by handcuffs. I did NOT resist. I complied with the arresting officer. (PLEASE SEE EXIHIBIT A and B).

The man whose badge, named him as, ROBERT MULLER, is, pictured in EXIHIBIT A.

The original detaining officer, John Doe 1, is pictured in EXIHIBIT B.

I was taken to a back room within the building where two additional officers met us. I was told I was NOT being arrested. I was told I was NOT being charged of a crime. I was told that I was NOT trespassing. I was NOT read any rights of any kind. I, DAVID GRAZETTE, asked to be released. I was denied my release.

I remained handcuffed for an unreasonable amount of time, that exceeded past four hours, while I was hazed. I was unlawfully detained.

I was then transported to NewYork – Presbyterian Weill Cornell Hospital, by NYPD police officers, and a, Mount Sinai Emergency Ambulance.

The NYPD officers, lied to the triage nurse, and said, 'I was running around the building, pulling fire alarms and telling people I was training for the marathon'. (PLEASE SEE EXIHIBIT C)

FREEDOM OF INFORMATION, FOIL, records will show, there is NO EVIDENCE that will collaborate with a story that, FDNY, emergency alarms, going off at 30 ROCKEFELLER PLAZA, on September 25<sup>th</sup>, 2019. (PLEASE SEE EXIHIBIT D 1 - 4)

I was involuntary admitted under NEW YORK MENTAL HYGIENE LAW 9.40 at CORNELL HOSPITAL BY an UNKNOWN PHYSICIAN. (PLEASE SEE EXIHIBIT E).

NEW YORK MENTAL HYGIENE LAW 9.40, allows for citizens, with constitutional rights, to be involuntary admitted with absolutely "no application", no constitutional checks and balances, no accountability, just as long as he or she is transported by peace/police officers or an ambulance service. The infringement of my freedom and liberty was infringed by many individuals working under the color of NEW YORK MENTAL HYGIENE LAW 9.40.

I was held at CORNELL HOSPITAL overnight.

On, September 26<sup>th</sup>, 2019, at 12:11. I was interviewed and examined by, a, MEDICAL STUDENT, EMILEE ANNE NAWA.

Hours before, MEDICAL RECORDS, show, an, ED INTER-INSTITUTIONAL TRANSFER FORM, was submitted, and signed, by, SHARON HIRD, a DIRECTOR at CORNELL HOSPITAL, time stamped on, September 26<sup>th</sup>, 2019, at 11:48, due to "bed availability" and "increased risk to the individual and in the case of labor, the unborn child from effecting the transfer..". (PLEASE SEE EXHIBIT F)

I, DAVID GRAZETTE, am a man. It is physically, scientifically, medically impossible for me to be in labor, carry a child and/or carry an unborn child.

During my stay at CORNELL HOSPITAL, I asked many times to be released and informed the staff that I would never do what I was accused, I tried proving my innocence by providing my FDNY list number and provided chapter 2 of the Probe Manual I was carrying in my backpack at the time. They refused and it was never noted in medical records.

On September 26<sup>th</sup>, at an unknown time, I was FORCED to a stretcher, and presented with a, NOTIFICATION OF STATUS AND RIGHTS INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION: section 9.27, signed by, EMILY MENAND, and told that I would be transferred to another facility. (PLEASE SEE EXHIBIT G)

EMILY MENAND, NEVER, INTERVIEWED OR EXAMINED, ME.

Please note; THE NEW YORK MENTAL HYGIENE LAW 9.27 and NEW YORK MENTAL HYGIENE LAW 9.40 forms have the same date and time stamps. (PLEASE SEE EXHIBITS E AND G)

NEW YORK MENTAL HYGIENE LAW 9.27 requires two MDs to involuntarily admit a patient. However, this was only one MD, and, was NEVER accompanied by a second, TWO CERTIFICATES OF EXAMINATING PHYSICIANS.

MOREOVER, NEW YORK MENTAL HYGIENE LAW 9.27 (d) Before an examining physician completes the certificate of examination of a person for involuntary care and treatment, he shall consider alternative forms of care and treatment that might be adequate to provide for the person's needs without requiring involuntary hospitalization. If the examining physician knows that the person he is examining for involuntary care and treatment has been under prior treatment, he shall, insofar as possible, consult with the physician or psychologist furnishing such prior treatment prior to completing his certificate. Nothing in this section shall prohibit or invalidate any involuntary admission made in accordance with the provisions of this chapter ... This did not happen. Hospital notes will show, only my, therapist was contacted. Never my treating doctor.

MOREOVER, I was asked to sign a form consenting to my treatment and transfer, and, I refused. Cornell Hospital, Medical records, will show that, I, DAVID GRAZETTE, refused all services offered. (PLEASE SEE EXHIBIT F)

I, DAVID GRAZETTE, WAS NOT, AND, DID NOT, POSE A SUBSTANTIAL THREAT OF HARM TO SELF OR OTHERS.

I, DAVID GRAZETTE, WAS ILLEGALLY, INVOLUNTARY ADMITTED, AND TRANSFERRED, TO GRACIE SQUARE HOSPITAL, ON SEPTEMBER 26<sup>th</sup>, 2019.

ADMITTED MD: MATTHEW LEVIN. Whom, informed me, at the time, I was admitted for wanting to kill a cop. However, hospital records will show, I was treated for "continued suicide, self-harm, or violence risk, Unstable with recently changed psychotropics, required frequent re-direction and PRN medication."

GRACIE SQUARE HOSPITAL: BH ASSESSMENT (PLEASE SEE EXHIBITS H)

AT, GRACIE SQUARE HOSPITAL, I remained, ILLEGALLY DETAINED, and ILLEGALLY HELD, UNTIL OCTOBER 4<sup>th</sup>, 2019. DURING THIS TIME, I was assigned, and treated by a, SMITA AGARKAR, a MB, and BOARD CERTIFIED, AT, NEWYORK – PRESBYTERIAN.

Gracie Square Hospital is a member of NEWYORK – PRESBYTERIAN Healthcare System. An affiliate of NEWYORK – PRESBYTERIAN, CORNELL MEDICINE, AND, COLUMBIA UNIVERSITY VAGelos COLLEGE OF PHYSICIANS AND SURGEONS.

If, I, was being held, under, NEW YORK MENTAL HYGIENE LAW 9.27, Gracie Square Hospital and SMITA AGARKAR should have been DISQUALIFIED from such a role, for two reasons;

1. As examining physician(s) can NOT also hold a role as, "manager, trustee, visitor, proprietor, officer, director, or stockholder of the hospital in which the patient is hospitalized or to which it is proposed to admit such a person, or has any financial interest in such hospital other than receipts of fees, privileges or compensation for treating or examining patients in such hospital."
2. "He or she is on the staff of a proprietary hospital to which it is proposed to admit such person."

MOREOVER; "A physician on the psychiatric staff of the hospital, OTHER THAN THE ORIGINAL examining physicians, must examine the person alleged to be mentally ill and confirm the need for involuntary care and treatment prior to admission."

WITHSTANDING, THERE, AT, GRACIE SQUARE HOSPITAL, I exercised, MY RIGHT, to decline taking pharmaceutical drugs. This health decision, in medical records, was noted as "UNABLE TO FOLLOW INSTRUCTIONS", and "UNSTABLE".

Every day, I met with, SMITA AGARKAR, and was asked, the same question, "Why are you here?" As if extorting a confession of a crime that didn't exist. The last day I met with her, that was here last, and only question. "WHY ARE YOU HERE?"

GRACIE SQUARE HOSPITAL, MEDICAL RECORDS, declare me, delusional, illogical, and, paranoid when, I explained, I started my own business, ANDDOUGHNUT, and, I, invented, doughnuts (donuts). USPTO provisional patent application number: 62/916,603.

GRACIE SQUARE HOSPITAL, MEDICAL RECORDS, declare me, delusional, illogical, and paranoid when, I explained, I was investigating a PRO SE complaint in the EDNY: 1:20-cv-00965-MKB-CLP filed on August 22, 2019.

During my time at, GRACIE SQUARE HOSPITAL, I was, barbarically, assaulted, by, SMITA AGARKAR, and GRACIE SQUARE STAFF. She stood over me, while security held me down, and administered medication, and drugs, into my body through syringe. There was no emergency, no court order. I was forcibly administered medicine that put me unconscious for hours, left me in a blurry haze, and, unable to formulate, clear, proper, independent, thoughts when I finally came to.

I, DAVID GRAZETTE, under the influence, was manipulated to call off my 72-hour appointed court hearing, by, SMITA AGARKAR, and instructed to orally take pharmaceutical drugs. In fear, for my life, after the attack, I complied.

The medicine, and confinement of liberty, accelerated preexisting heart conditions and symptoms. I was given specific instructions by my cardiologist to keep performing at the athletic level I was performing, and from September 25<sup>th</sup> to October 4<sup>th</sup>, I was not allowed to do so.

OCTOBER 4<sup>TH</sup>, 2019, I was discharged from, GRACIE SQUARE HOSPITAL, diagnosed, as, having, Bipolar I disorder, based on, 'a manic or psychotic episode at 30 Rockefeller Plaza,' and exhibiting delusional, illogical, and paranoid symptoms.

The days of September 25<sup>th</sup> to October 4<sup>th</sup>; I was unlawfully detained. There was no due process. There was no constitutional check. I was assaulted. My CONSTITUTIONAL RIGHTS WERE INFRINGED upon. I was tortured. I was forcibly administered unwanted drugs that negatively affected my body. This was cruel and unusual punishment. I was oppressed in every way possible. My life has been impaired forever.

ALL, this abuse, initiated by, a, ROBERT MULLER, an employee, a custodian, a state actor, at 30 ROCKFELLER PLAZA, A NEW YORK CITY LANDMARKS PRESERVATION COMMISSION BUILDING, WITHIN THE STATE OF NEW YORK, and, NATIONAL HISTORIC LANDMARK BUILDING. This land leased to, JOHN D. ROCKEFELLER, in, 1928, by, COLUMBIA UNIVERSITY.

MULLER, acting, lying, and, manipulating, NEW YORK MENTAL HEALTH AND HYGIENE LAWS, to, have me, involuntary admitted, into, NewYork-Presbyterian, WEILL Cornell Medical AND GRACIE SQUARE HOSPITAL. ALL, state actors, under, the umbrella of, THE CITY OF NEW YORK, THE STATE OF NEW YORK, PAID FOR, WITH MADICAID DOLLARS.

This nexus, runs through, ROCKEFELLER, and, CORNELL, names, dating back to a "philanthropically practical", donation made in, 1903, by, John D. Rockefeller, to build, ROCKEFELLER HALL, on the Cornell University, campus, in Ithaca, New York.

PREVIOUS TO WHICH, a, 1911, "FORMAL AGREEMENT OF ALLIANCE", was made between, COLUMBIA UNIVERSITY, and, PRESBYTERIAN HOSPITAL, that paved the way for COLUMBIA-PRESBYTERIAN MEDICAL CENTER TO BE BUILT.

In 1997, PRESBYTERIAN HOSPITAL, merged with NEW YORK HOSPITAL, a partner of, WEILL CORNELL MEDICINE, of, CORNELL UNIVERSITY. This, merge, INCORPORATED, NEWYORK-PRESBYTERIAN HOSPITAL, and many other satellite hospitals, campuses and programs.

HOSPITALS in the NEWYORK- PRESBYTERIAN HOSPITAL SYSTEM, are affiliated with either WEILL CORNELL MEDICINE, or, COLUMBIA UNIVERSITY VAGelos COLLEGE OF PHYSICIANS AND SURGEONS.

I, DAVID GRAZETTE, humbly, plead, immediate, FEDERAL ACTION.

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

GRACIE SQUARE HOSPITAL

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes X No      Do Not Know     

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes      No      Do Not Know X

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes      No X

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes X No     

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

CCRB

1. Which claim(s) in this complaint did you grieve?

72 HOUR COURT APPOINTMENT; INVOLUNTARY ADMISSION  
WRONGFUL ARREST.

2. What was the result, if any?

I'M WAITING TO HEAR BACK FOR CCRB COMPLAINT.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I FILED TO SPEAK TO A JUDGE AND WAS THREATENED BY SMITA AGARWAL  
TO WITHDRAW THE ACTION WOULD KEEP ME LOCKED  
IN FOR LONGER, AND MY TIME THERE HARDER. I COMPLIED.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I BELIEVE IT WAS FILED, BUT NOT FOLLOWED THROUGH.  
I WAS IN FEAR.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

I WROTE EVERYTHING DOWN WHILE I WAS INCARCERATED  
IN LETTER FORM, PROSE. HANDED THE LETTERS TO  
EVERYONE I COULD TO READ. ALL REFUSED TO HELP ME.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). COMPLETE, FULL, TOTAL EXONERATION.  
WRITTEN AND VERBAL APOLOGIES

\$20,000,000, ALL MEDICAL BILLS PAID BY NEW YORK-PRESBYTERIAN  
AN OPPURTUNITY TO SETTLE MY DISPUTE WITH MR. ROBERT MULLER  
IN A GENTLEMEN'S FIGHT

**V. RELIEF:**

If the state accepts the legal capacity to hold, or detain, any, man, woman, citizen, person, for reason of accusation of mental health, mental wellness, health withstanding, accuser, should and must, make official declaration, of claim(s) against the accused's mental health. Moreover, the accused, should, and must, have the right, to face, with due process, anyone, and everyone, whom, challenges their mental health, mental wellness, health.

I, DAVID GRAZETTE, plead, RESPECTFULLY, FEDERAL ACTION. I, DAVID GRAZETTE, DEMAND, RESPECTFULLY, FULL, TOTAL AND COMPLETE EXONERATION. I, DAVID GRAZETTE, DEMAND, RESPECTFULLY, 20,000,000 dollars in monetary relief. ALL MEDICAL BILLS PAID BY NEWYORK -- PRESBYTERIAN HEALTHCARE SYSTEM. I, David GRAZETTE, demand, , RESPECTFULLY, to face, Robert Muller, in a court of law. I, DAVID GRAZETTE, demand, RESPECTFULLY, the agency of which, ROBERT MULLER, serves under, to take additional responsibility. I, David GRAZETTE, demand, RESPECTFULLY, the right to face, any and every, person, whom challenges my mental health. I, David GRAZETTE, demand, RESPECTFULLY, swift and harsh relief from the paid. I, DAVID GRAZETTE, Demand, RESPECTFULLY, held, under the penalty of perjury, MATTHEW LEVIN, EMILY MENAND, SHARON HIRD, AND, SMITA AGARKAR, and any others found guilty. I, David Grazette, demand, RESPECTFULLY, MATTHEW LEVIN, EMILY MENAND, EMILY MEAD, SHARON HIRD, AND, SMITA AGARKAR, and any others found guilty, SURRENDER THEIR MEDICAL LICENSES, IMMEDIATELY. I, David GRAZETTE, demand, RESPECTFULLY, a, WRIT OF MANDAMUS, set, prohibiting the, use, and abuse, of, NEW YORK MENTAL HYGIENE LAW ADMINISIONS 9.40 and 9.39 A – G, AND, ANY and ALL, initiator(s) for, REQUESTS FOR HOSPITAL EVALUATIONS, be required, by law, to make and sign an application form by, the Office of Mental Hygiene (OMH).

On  
these  
claims

**VI. Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ☐

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff DAVID I GRAZETTE

Defendants DUNKIN'

2. Court (if federal court, name the district; if state court, name the county)

DISTRICT OF NEW YORK

EASTERN

3. Docket or Index number 1:20-cv-00965

4. Name of Judge assigned to your case JUDGE MARGO K. BRODIE

5. Approximate date of filing lawsuit 08/22/2019

6. Is the case still pending? Yes ☒ No ☐  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


I declare under penalty of perjury that the foregoing is true and correct.

Signed this 31 day of MAY, 2020.

Signature of Plaintiff

Inmate Number

Institution Address

  
\_\_\_\_\_  
\_\_\_\_\_  
212 LEWIS AVE APT 2A  
BROOKLYN, NEW YORK 11221  
\_\_\_\_\_  
\_\_\_\_\_

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 31 day of MAY, 2020, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

  
\_\_\_\_\_

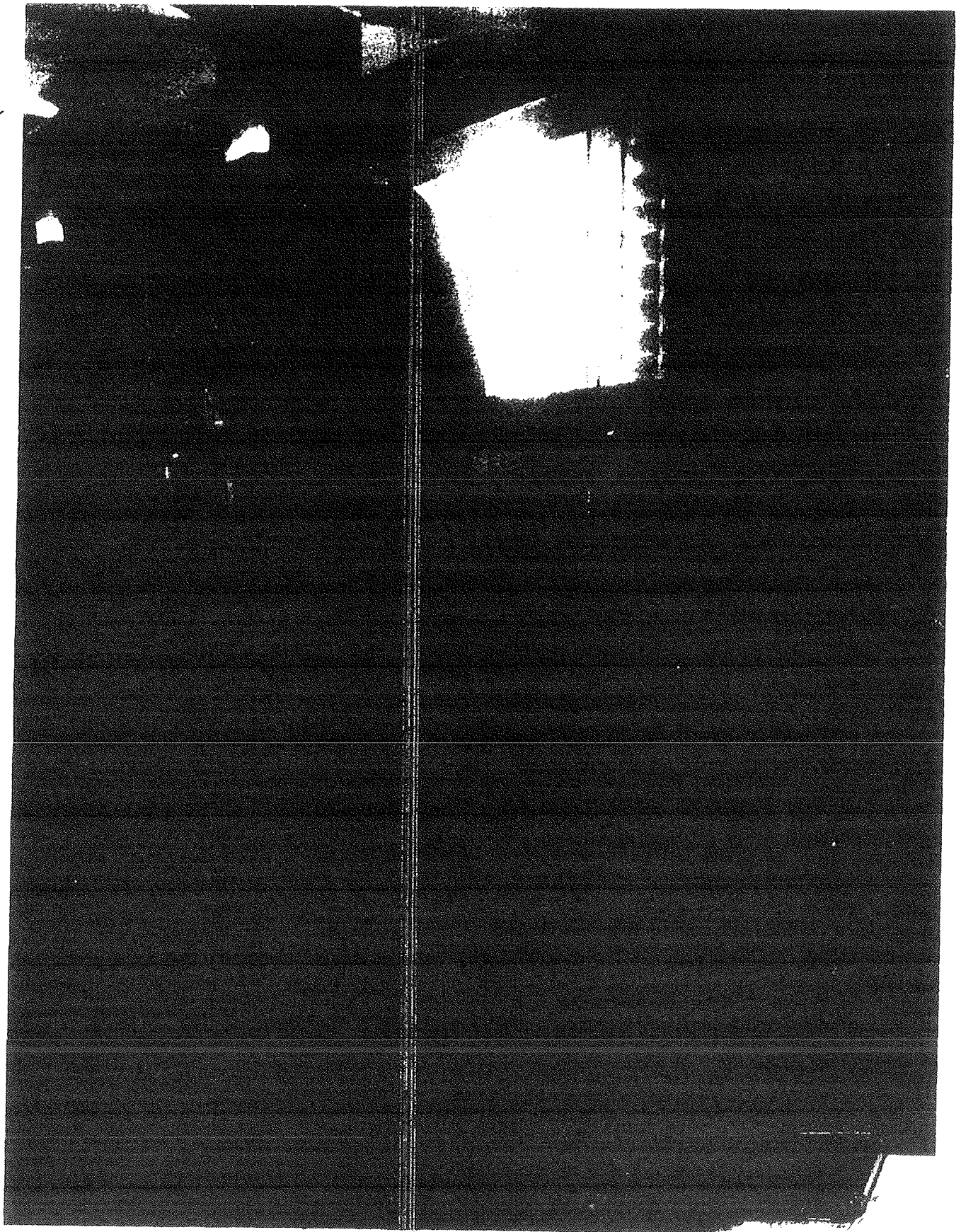


EXHIBIT A



EXHIBIT B

**Medical Records Report**New York Presbyterian  
The University Hospital of Columbia and Cornell**GRAZETTE, DAVID**

MRN: 8653 56 28

Printed: Mar-11-2020 16:36

DOB: Aug-08-1989

Visit#: 000422131 247

Service:

Type: Emergency Room (1 days)

Psych BA

Dr.: Hird, Sharon

Admitted: Sep-25-2019 19:28

**Documents****25-Sep-2019 22:00, Salicylate Level**

Salicylate Level &lt;3.0 [- &lt;=20.0 mg/dL]

Therapeutic Range: 7-20.0 mg/dl

Rheumatoid Arthritis Therapy: 15-30 mg/dl

Toxic Range: &gt;30 mg/dl

**Serum Toxicology:****25-Sep-2019 22:00, Ethanol Level**

Ethanol Level &lt;10.0 [- &lt;=10.0 mg/dL]

Level Sporadic Drinkers

Chronic

Drinkers

100 mg/dL Intoxicated

200-250 mg/dL Alertness lost, becoming lethargic  
emotional and motor control

Minimal signs

Effort needed to maintain

300-350 mg/dL Stupor to coma

Drowsy and slow

&gt; 500 mg/dL Death possible

Coma

**Electronic Signatures:****Wohl, Nureen (Social Worker)** (Signed 26-Sep-2019 11:49)

Authored: Preferred Language, Medical Screen Section

**Last Updated: 26-Sep-2019 11:49 by Wohl, Nureen (Social Worker)****References:**

1. Data Referenced From "Psychiatry Preadmission Application" 9/26/2019 09:27 AM

EXHIBIT C

🏠 a860-openrecords.nyc.gov/request/view/FOIL-2019-057-04630

**NYC**

OpenRecords

# Open RECORDS

Translate ▼

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**FOIL-2019-057-04630** 🔍

Title:

FALSE ALARMS/ALL ALARMS PULLED at ROCKEFELLER PLAZA:  
09/24/2019, 09/25/2019, 09/26/2019

**Closed**

New York City Fire  
Department  
(FDNY)

Due Date:  
03/10/2020

Contact the Agency

**Responses** 🔍

There are no responses available for this request.

EXHIBIT D.

<b>Fire Department New York Incident Report</b>	
<b>Incident Reviewed By</b>	
Reviewer	None - AutoClose
Date	09/26/2019
<b>Incident</b>	
Incident #	1-0326-0
Status	Closed
Incident Date/Time	09/26/2019 07:39:13
Incident Type	900 - Special type of incident, other
Box#	4444
Address	ROCK CTR LINE CHECK Manhattan
Borough	1 - Manhattan
Action Taken	00 - Action taken, other
Property Use	UUU - Undetermined
<b>Resources</b>	

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EXHIBIT D<sub>2</sub>

<b>Fire Department New York Incident Report</b>	
<b>Incident Reviewed By</b>	
Reviewer	None - AutoClose
Date	09/25/2019
<b>Incident</b>	
Incident #	1-1549-0
Status	Closed
Incident Date/Time	09/25/2019 23:11:51
Incident Type	900 - Special type of incident, other
Box#	4444
Address	LINE CHECK THE ROCK Manhattan
Borough	1 - Manhattan
Action Taken1	00 - Action taken, other
Property Use	UUU - Undetermined
<b>Resources</b>	

03/27/2020 - Page 1

03/27/2020

Page 1 of 1

EXHIBIT D3

Fire Department New York Incident Report	
<b>Incident Reviewed By</b>	
Reviewer	None - AutoClose
Date	09/25/2019
<b>Incident</b>	
Incident #	1-1549-0
Status	Closed
Incident Date/Time	09/25/2019 23:11:51
Incident Type	900 - Special type of incident, other
Box#	4444
Address	LINE CHECK THE ROCK Manhattan
Borough	1 - Manhattan
Action Taken1	00 - Action taken, other
Property Use	UUU - Undetermined
<b>Resources</b>	

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EXHIBIT D4

Form CMH 47

Mental Health

**NOTICE OF STATUS AND RIGHTS  
C.P.E.P. EMERGENCY ADMISSION**(to be given to the patient upon initial examination  
and retention by a C.P.E.P. staff physician)

Section 9.40 Mental Hygiene Law

Patient Name (Last, First, M.I.)

86535628  
GRAZETTE, DAVID

08/08/1989

Sex 09/25/19

422131247  
07:28P

Residence No.

TO:

Date of Arrival  
at C.P.E.P.:Mo Day Yr.  
08 25 19

Based upon an initial examination by a staff physician, you have been admitted as an emergency-status patient to this Comprehensive Psychiatric Emergency Program (C.P.E.P.) for immediate observation, care and treatment. Within 24 hours of the time you are received in the C.P.E.P. emergency room, you will be examined by another physician, who is a member of the psychiatric staff of the C.P.E.P. If he or she confirms the first physician's findings, you will then be moved to an extended observation bed and may be kept in the C.P.E.P. for a period of up to 72 hours from the time you are received in the emergency room. During this 72 hour period you may be released, asked to remain as an informal-status patient, or be admitted to a psychiatric hospital as an emergency, involuntary or voluntary patient.

You, and anyone acting on your behalf, should feel free to ask C.P.E.P. staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this program.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the C.P.E.P. director to the appropriate court and the Mental Hygiene Legal Service.

**MENTAL HYGIENE LEGAL SERVICE**

The Mental Hygiene Legal Service, a court agency independent of this program, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting C.P.E.P. staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this C.P.E.P. may be reached at:

Mental Hygiene Legal Services  
Kirby Forensic Psychiatric Center  
600 E. 125<sup>th</sup> Street, Wards Island  
New York, NY 10035  
(646) 672-6880

**THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.**

Signature of Staff Physician

Date

COPIES TO: Persons designated by patient to be informed of admission. (If None, type in "NONE")

A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.  
State and Federal Laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.

EXHIBIT E

**Medical Records Report**New York Presbyterian  
The University Hospital of Columbia and Cornell**GRAZETTE, DAVID**

MRN: 8653 56 28

Printed: Mar-11-2020 16:36

DOB: Aug-08-1989

Visit#: 000422131 247

Service:

Type: Emergency Room (1 days)

Psych BA

Dr.: Hird, Sharon

Admitted: Sep-25-2019 19:28

**Documents**

Sep-26-19 11:48 ED Inter-Institutional Transfer Form

Social Worker/Care  
Manager**Preferred Language:**Preferred Language English<sup>(U)</sup>**Stabilization Status:**

Stabilization not Established.

**Request for Transfer:**

Other: bed availability.

**RISK VERSUS BENEFITS:**

As the physician attending of this patient, I hereby certify that based upon the information available to me at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical care at another facility outweigh the increased risk to the individual and in the case of labor, the unborn child from effecting the transfer.

BENEFITS Other bed availability.

RISKS SPECIFIC TO MEDICAL CONDITION: no risks.

Unexpected worsening of medical condition can occur during transfer. All transfers have the inherent risk of traffic delays, accidents during transport, inclement weather, rough terrain or turbulence, the limitations of equipment and personnel present in the vehicle, all of which are potentially a threat to the health, medical safety, and possible survival of the patient.

**Transfer Order:**

This facility confirmed the Receiving Facility has the ability to provide medical treatment within its capacity, space and available qualified personnel and has agreed to accept this patient transfer. 26-Sep-2019 11:49.

Name of Receiving Facility: GSH.

Physician accepting this Patient: Anthony.

Physician requesting Transfer: Hird.

**Mode of Transportation:**

BLS.

I REFUSE THE FOLLOWING OFFERED SERVICES FOR MYSELF/ Name of Patient: David Gazette Necessary Treatment to Stabilize (the patient's) condition.

**Transfer order over objection:**

Patient unable or unwilling to sign transfer consent due to psychiatric condition. I have evaluated patient's psychiatric condition and recommended involuntary transfer based upon my assessment of the potential benefits and risks associated with such transfer, and the probable risks of not being transferred as above stated.

**Transfer Vital Signs:****1) ED Vital Signs/Assessment FS:**

Date/Time	Temperature (C) degrees C	Heart Rate	SpO2 (Pulse Ox) SpO2 (Pulse Ox) (%)	Respiratory Rate, Patient (bpm) Respiratory Rate, Patient (bpm)	NIBP Systolic
25-Sep-2019 19:30	37.1	58	99	18	164
	NIBP Diastolic				
	99				

EXHIBIT F

Form OMH 471.8

New York State  
Office of Mental Health**NOTIFICATION OF STATUS AND RIGHTS  
INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION**(to be given to the patient at the time of  
admission to the hospital)

Section 9.27 Mental Hygiene Law

Patient's Name (Last, First, M.I.)

86535628  
GRAZETTE, DAVID

08/08/1989

09/25/19

Sex: ...

M  
422131247  
07:28P

Facility Name:

Unit/Ward/Residence No.:

Admission Date:

Mo. Day Yr.

TO: \_\_\_\_\_

Based upon the certificates of two examining physicians, whose findings have been confirmed by a member of the psychiatric staff of this hospital, you have been admitted as an involuntary-status patient to this hospital which provides care and treatment for persons with mental illness. You may be kept in the hospital for a period of no more than 60 days from the date of your admission, unless you have had a court hearing, or an application has been made to a court for an order authorizing your continued retention. During this 60 day period you may be released, or converted to voluntary or informal status, if you are willing to continue receiving inpatient care and treatment and are suitable for such status.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need involuntary care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

**MENTAL HYGIENE LEGAL SERVICE**

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at: \_\_\_\_\_

Mental Hygiene Legal Services  
Kirby Forensic Psychiatric Center  
600 E. 125<sup>th</sup> Street, Wards Island  
New York, NY 10035  
(646) 672-6880

→ 646-766-4351

**THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.**

Signature of Staff Physician

Date

COPIES TO:  
(If None, type in "NONE".)

COPIES TO: Persons designated by patient to be informed of admission.

(Original Applicant)

Emily Menard

(Nearest Relative)

EXHIBIT G

BH Assessment Adult - Text

GRAZETTE, DAVID - 7004968

Result type: BH Assessment Adult - Text  
 Result date: September 26, 2019 19:48 EDT  
 Result status: Auth (Verified)  
 Result title: BH Intake Assessment Adult  
 Performed by: Bieler, Shmuel RN on September 26, 2019 19:48 EDT  
 Verified by: Bieler, Shmuel RN on September 26, 2019 19:48 EDT  
 Encounter info: 8005221, Gracie Square Hosp, Inpatient, 9/26/2019 - 10/4/2019

BH Intake Assessment Adult Entered On: 9/26/2019 20:07 EDT  
 Performed On: 9/26/2019 19:48 EDT by Bieler, Shmuel RN

**Behavioral Health General Info**

*Referral Source:* Emergency department  
*Mode of Arrival:* BLS/Ambulance  
*Admission Status:* Involuntary  
*Information Given By:* Patient, Transferring Facility  
*Preferred Language:* English  
*Communication Method:* Verbal  
*Interpreter Called:* No  
*Patient Rights Discussed:* No  
*Post-Hospital Caregiver Identified:* No

*BH Identifying Information:* patient is a 30 year old male, 2PC from Cornell, BIBEMS and NYPD after being found at Rockefeller center where he was pulling alarms and acting erratically. Patient denies any prior psych hospitalizations, and admits to previous diagnosis of ADHD and depression to which he sees a psychiatrist and therapist. Patient reports taking adderal for ADHD. Patient reports using CBD and THC and denies all other substances. On interview patient presents superficially calm, hypervigilant, labile, and suspicious. Asked patient how he came to ED and patient replied "it all started when I invented the doughnut". Patient reports that "Dunkin stole my patent". Patient reports having started lawsuits against dunkin and had been up for nights doing research, which led him to Rockefeller Center. It is there patient had tracked down the culprit. Patient appears manic with grandiose delusions. His girlfriend visited the unit and confirmed most of this information. Patient denied any pertinent medical history, surgical history. But girlfriend told staff that patient has an enlarged aorta to which he needs surgery to repair. Patient has KNA

Bieler, Shmuel RN - 9/26/2019 19:48 EDT

**BH Presenting Problems**

*Presenting Problem:* Delusional, Paranoia, Thought disturbance  
*Comment on Presenting Problem:* patient is experiencing grandiose delusion, manic, guarded and suspicious  
*Events Leading to Hospitalization or Evaluation:* patient went to rockefeller center in a manic state and started pulling fire alarms

Printed by: Velnik, Alexandra RHIA  
 Printed on: 5/22/2020 11:07 EDT

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EXHIBIT H1

BH Assessment Adult - Text

GRAZETTE, DAVID - 7004968

Result type: BH Assessment Adult - Text  
 Result date: September 26, 2019 19:48 EDT  
 Result status: Auth (Verified)  
 Result title: BH Intake Assessment Adult  
 Performed by: Bieler, Shmuel RN on September 26, 2019 19:48 EDT  
 Verified by: Bieler, Shmuel RN on September 26, 2019 19:48 EDT  
 Encounter info: 8005221, Gracie Square Hosp, Inpatient, 9/26/2019 - 10/4/2019

*Reason for Admission or Evaluation:* patient is psychotic  
*Attempts to Deal With Problem:* 1:1 interview with patient, orient to unit  
*Interim Treatment Plan Goals:* patient will comply with medication regimen and treatment plan

*Interim Treatment Plan Interventions:* educate patient on importance of medication compliance

*Pregnancy Status:* N/A  
*Pain Present:* No actual or suspected pain  
*Vital Signs Assessed:* Yes  
*Patient Has Ulcer/Wound:* No  
*Pressure Ulcer Present On Admission:* No

Bieler, Shmuel RN - 9/26/2019 19:48 EDT

**BH Personal Device Screening**  
*Personal Device Screening:* Eye glasses

Bieler, Shmuel RN - 9/26/2019 19:48 EDT

**Medical and Behavioral Health Treatment Hx**  
*Pertinent Medical History:* Patient denies  
*Pertinent Health History:* Mental illness, Substance abuse

Bieler, Shmuel RN - 9/26/2019 19:48 EDT

**Mental Health Treatment Hx Grid**

	Illness #1 BH	Illness #2 BH	Illness #3 BH	Illness #4 BH
<i>Illness Description</i>	No SAs	Denies prior psych admissions	Treated for ADHD w/adderall since 2012	Mother w depression
	Bieler, Shmuel RN - 9/26/2019 19:48 EDT	Bieler, Shmuel RN - 9/26/2019 19:48 EDT	Bieler, Shmuel RN - 9/26/2019 19:48 EDT	Bieler, Shmuel RN - 9/26/2019 19:48 EDT
	Illness #5 BH	Illness #6 BH		
<i>Illness Description</i>	Denies h/o abuse	Denies h/ completed suicide		
	Bieler, Shmuel RN - 9/26/2019 19:48 EDT	Bieler, Shmuel RN - 9/26/2019 19:48 EDT		

Printed by: Velnik, Alexandra RHIA  
 Printed on: 5/22/2020 11:07 EDT

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EXHIBIT H II

Southern District Court of New York

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David I Grazette

V

1:20-cv-00965-AJN-SLC

New York

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attached is a copy of the amended  
complaint with the officers provided by  
defendant Andrew B. Spears.

PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

PRIORITY MAIL  
FLAT RATE ENVELOPE  
POSTAGE REQUIREDUNITED STATES  
POSTAL SERVICE

Retail

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US POSTAGE PAID

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Origin: 83651  
02/19/22  
1563250651-02

PRIORITY MAIL 2-DAY®

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EXPECTED DELIVERY DAY: 02/23/22

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500 PEARL ST  
NEW YORK NY 10007-1316

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EP14F May 2020  
OD: 12 1/2 x 9 1/2

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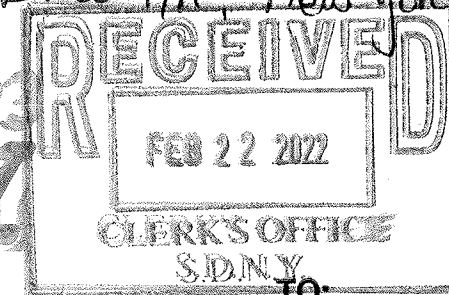
David Grzette  
1369 Broadway #210931  
Brooklyn, New York 11221

ons apply).\*

Destinations.

he

coverage.

USM  
SDNY

TO:

Honorable Clerk  
Southern District of New York  
500 Pearl St  
New York, New York 10007Package Pickup,  
code.

2022 FEB 23 AM 10:01

RECEIVED  
SDNY PRO SE OFFICE